MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05982

CERTIFICATE OF DEATH

BC. Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 29yr.9mo.25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 00-01
STREET ADDRESS (If rural give location): 5608 Greenhill Avenue

3. NAME OF DECEASED: (Type or Print) (First) WILMER (Middle) P. (Last) AMBROSE

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-19-1891

9. AGE Last birthday: 61 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Various Agencies

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Ambrose

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 353.0 (a) Myocardial Infarction, acute — Interval Between Onset And Death: Immediate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Epilepsy, idiopathic, manifested by psychotic reaction, deteriorated type — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 8-9, 1923, to 6-3-, 1953, that I last saw the deceased and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. — (Degree or title) Actg. Chief, Professional Services — ADDRESS: VAH, Perry Point, Md. — DATE SIGNED: 6-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — **DATE THEREOF** 6-3-53 — **NAME OF CEMETERY OR CREMATORY** Woodlawn — **LOCATION** (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR June 3, 1953 — **REGISTRAR'S SIGNATURE** Ida M. Daugherty acg. Reg — **24. FUNERAL DIRECTOR** Paul E. Chenoweth Jr. — **ADDRESS** CHENOWETH FUN. HOME, 3615 Chestnut Ave. Balto. Md.

VS-A15

RECEIVED
JUN 5 1953
BUREAU V. S.

05983

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 68 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 4 7
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) VERONICA (Middle) ANNE (Last) ANDERSON
4. DATE OF DEATH (Month) 6 (Day) 22 (Year) 1953

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 2-18-47
9. AGE last birthday 6 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Earle Anderson.
14. MOTHER'S MAIDEN NAME Genevieve Onizuk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Genevieve Anderson, Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0 Immediate cause (a) Toxic Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2 & 3rd Degree burn of body. arms & thigh (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Elkton Rural (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 4 (Day) 15 (Year) 53 (Hour) 1200 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Playing with matches, clothes caught

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson MD. (Degree or title) DME. ADDRESS Rising Sun Md. DATE SIGNED 6-23-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/25/53
NAME OF CEMETERY OR CREMATORY Immaculate Conception Cemetery
LOCATION (City, town, or county) Elkton R.D. (State) Md.

DATE REC'D BY LOCAL REG. June 24
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H.W. Pippin & Son ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05984

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) May (Middle) C (Last) Beers

4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 19 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: June 14 1887

9. AGE last birthday: 65 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm C Campbell

14. MOTHER'S MAIDEN NAME: Rachel Howett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Chester S. Bradley, Big Elk, Md (Elkton R.D.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

199.9

Immediate cause
(a) Carcinomatosis - primary site undetermined (Autopsy)
DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c) Arteriosclerotic heart disease with Bundle Branch Block (Undetermined)

INTERVAL BETWEEN ONSET AND DEATH: (Autopsy) / (Undetermined)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 1953, to June 4, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE Ralph Andrews Jr (DEGREE OR TITLE) M.D. ADDRESS Elkton Md. DATE SIGNED June 4, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF June 7-1953

NAME OF CEMETERY OR CREMATORY St John's Cemetery

LOCATION (City, town, or county) Lewisville (State) Md

DATE REC'D BY LOCAL REG. June 6

REGISTRAR'S SIGNATURE A R Frazer

24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05985

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East Rural; LENGTH OF STAY (in this place) 2 1/2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanes Point

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East Rural; STREET ADDRESS (If rural, give location) Hanes Point

3. NAME OF DECEASED (Type or Print): (First) WARREN (Middle) Douglas (Last) Boulden

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1953

5. SEX M.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH 11-18-1950

9. AGE last birthday 2 yrs. If under 1 year: Months 6, Days 18. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Elkton Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Warren W. Boulden

14. MOTHER'S MAIDEN NAME Blanche Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Warren W Boulden, North East Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowned.

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, public bldg., etc.) North East River (CITY OR TOWN) North East RD (COUNTY) Cecil (STATE) Md

TIME OF INJURY (Month) 6 (Day) 5 (Year) 53 (Hour) 2 p. m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell in River while wading

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. E. Dodson (Degree or title) MD DM E ADDRESS Rising Sun Md DATE SIGNED 6-6-53

BURIAL, CREMATION OR REMOVAL (Specify) Burial; DATE THEREOF 6/8/53; NAME OF CEMETERY OR CREMATORY North East meth.; LOCATION (City, town, or county) North East (State) Md

DATE REC'D BY LOCAL REG. 6-8-53; REGISTRAR'S SIGNATURE Sarah E. Rothermel

24. FUNERAL DIRECTOR H. W. Lippincott Son ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 11 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05986

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Perry Point
LENGTH OF STAY (in this place): 1 mo. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: X 48
STATE: District of Columbia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 306 V Street, N.W.

3. NAME OF DECEASED: (First) JAMES (Middle) (NMI) (Last) BROOKS
4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Single	10-11-1898	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Navy Yard, Wash.DC	Washington, D.C.	USA

13. FATHER'S NAME: James Brooks - Deceased
14. MOTHER'S MAIDEN NAME: Sarah Crump - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
✓ Yes	WW I	579-09-2638	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
150X Immediate cause	(a) Carcinoma of esophagus	Approx. 8 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Congestion of lungs	App. 3 days
	(c) DUE TO	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6-26-53	Segmental resection of lower third of esophagus	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 5-21, 1953, to 6-30, 1953, ~~that I last saw the deceased~~ and that death occurred at 11:45 am, from the causes and on the date stated above.

SIGNATURE: W. Oppler (Degree or title) DATE SIGNED

ADDRESS: W. OPPLER, M.D. ACTING Chief, Professional Services, VAH, Perry Point, Md.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-1-53	Unknown	Unknown

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 1, 1953	Ida M. Daugherty acting Reg.	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUL 6 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Chesapeake City
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bohemia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location) Bohemia Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MINNIE Reed CALDWELL

4. DATE OF DEATH: (Month) (Day) (Year) June 30 1953

5. SEX: F.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed.
8. DATE OF BIRTH: Sept 27 1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: House wife.
11. BIRTHPLACE (State or foreign country): Chesapeake City, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John M. Reed
14. MOTHER'S MAIDEN NAME: Emma Smithers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mr Hugh Caldwell Ches City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic arthritis — 8 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1931, to June 30, 1953, that I last saw the deceased alive on June 30, 1953 and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE Henry V Doris (DEGREE OR TITLE) M.D. ADDRESS Chesapeake City Md DATE SIGNED 6/30/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 3, 53
NAME OF CEMETERY OR CREMATORY Bethel
LOCATION (City, town, or county) Nr Ches City Md (State)

DATE REC'D BY LOCAL REG. July 3-1953
REGISTRAR'S SIGNATURE Mrs Ralph H. Reed
24. FUNERAL DIRECTOR H W Lippin & Son
ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 6 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 388

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 1yr.10mos.5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 6015 Gwynn Oak Ave.,

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) D (Last) CHRISTOPHER

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-18-1897
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Buyer - Hochschild Kohn & Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN CHRISTOPHER
14. MOTHER'S MAIDEN NAME: JOSEPHINE HARDING

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) WW-I
16 SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VA Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Arteriosclerosis w/psychosis

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Vascular accident recurrent.

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 20, 1951, to June 25, 1953, ~~[illegible]~~ and that death occurred at 12:30 PM, from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D. (Degree or title) Chief, Professional Services; ADDRESS VAH., Perry Point, Md, DATE SIGNED 6-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR June 25, 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty actg Reg.

24. FUNERAL DIRECTOR Seth Linthicum ARMACOST FUNERAL HOME, ADDRESS 4204 Ridgewood Ave., Baltimore 15, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]589

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 8yr.6mo.28days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 939 Mass. Avenue N.W.

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) O. (Last) COLEMAN

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-8-1892

9. AGE last birthday: 60 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): New Kensington, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Coleman - Deceased

14. MOTHER'S MAIDEN NAME: Lavina Jane Smith - Deceased

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 271-05-7423

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

491X

Immediate cause (a) Intestinal Hemorrhage — App. 1 wk.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchopneumonia — App. 1 wk.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, cerebral, with cerebral thrombosis and psychotic reaction. — Unknown

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14 ,1949, to 6-11 , 1953 that I last saw the deceased and that death occurred at 4:20 a.m. , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 6-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 6-12-53 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: June 15 1953 — REGISTRAR'S SIGNATURE: Ida M. Daugherty acty Regr

24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Pennington & Son — PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUN 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING. WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct ... especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural. — LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural. — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) H. (Last) DICKENS

4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 1953

5. SEX: F. — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married — 8. DATE OF BIRTH: 5-11-1892 — 9. AGE last birthday: 61 yrs. — If under 1 year: Months — Days — If under 24 hours: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Housekeep — 11. BIRTHPLACE (State or foreign country): Bayview Md. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Lindley C. Murray. — 14. MOTHER'S MAIDEN NAME: Annie Benson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT AND ADDRESS: Wm. D. Dickens, North East, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS (PRIMARY) (OR CONTRIBUTING) CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY Ooccur?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: R. le Dodson — (Degree or title) M.D. D.M.E. — ADDRESS: Rising Sun Md. — DATE SIGNED: 6-27-53

DISPOSITION (BURIAL, CREMATION, REMOVAL Specify): Burial — DATE THEREOF: 6-30-53 — NAME OF CEMETERY OR CREMATORY: Friends — LOCATION (City, town, or county): Calvert Cecil Co. — (State): Md

DATE REC'D BY LOCAL REGISTRAR: June 30-53 — REGISTRAR'S SIGNATURE: Sarah E. Rothermel — 24. FUNERAL DIRECTOR: Joseph A. Grant — ADDRESS: North East, Md.

RECEIVED
JUL 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 991

CERTIFICATE OF DEATH

Reg. Dist. No. 9-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN [illegible] R.D. #3 — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Elkton~~ Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural R.D #3 Elkton
STREET ADDRESS (If rural give location) ~~204 Caldwell St~~

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) B. (Last) Ferrucio

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	married	Sept. 25, 1911	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS/OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Iron Worker	American Steel Co	Md.	U.S.A.

13. FATHER'S NAME: Antonio Ferrucio

14. MOTHER'S MAIDEN NAME: Katherine De Cava

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	220-09-2255	Mrs. Francis Ferrucio

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
002X Immediate cause	(a) Pulmonary Edema	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Pulmonary Tuberculosis	4 yrs.
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to 6/20, 19[illegible], that I last saw the deceased alive on 6/20, 19[illegible], and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. Herbert Bates M.D.	Elkton Md	6/21/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/23/53	Homecrest Cemetery	Elkton	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 22	H.B. Yeager	H. Walter du Bois, Jr.	Elkton, Md.

VS. A15.

RECEIVED
JN 23 1953

Replacement c rtificate - Film G155 6-22-'3 I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 1 Hour	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural.
HOSPITAL OR INSTITUTION OR STREET ADDRESS V.A.Hospital	STREET ADDRESS (If rural, give location) Charter Hall

3. NAME OF DECEASED (Type or Print)	(First) Phillip	(Middle) Lewis	(Last) Gray	4. DATE OF DEATH	(Month) 6	(Day) 17	(Year) 1953
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 7-21-1929	9. AGE last birthday 23 yrs.	If under 1 year Months	Days	If under Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker	10b. KIND OF BUSINESS OR INDUSTRY Caretaker of Farm.	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Phillip McDaniel Gray		14. MOTHER'S MAIDEN NAME Florence Ritter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no yes (If yes, give war or dates of service) Korean	16. SOCIAL SECURITY NO. 215-24-7149	17. INFORMANT AND ADDRESS Ella Elizabeth Gray, Perryville, Md.	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal Hemmorrhage due to bullet wound at the junction of right clavicle and Sternum.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm Lane	(CITY OR TOWN) Perryville R.D.	(COUNTY) Cecil	(STATE) Md.
TIME OF INJURY (Month) 6 (Day) 17 (Year) 53 (Hour) 12.30 A. m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Was shot by his wife		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. C. Dochan M.D. D.M.E.		Rising Sun, Md.	6-17-53

DATE OF CREMATION (Specify) 6-17-53	DATE THEREOF 6-17-54	NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL June 17 1953	REGISTRAR'S SIGNATURE Ida M.Dougherty Actg.reg.	24. FUNERAL DIRECTOR WM. COOK St.Paul and Preston Balto.Md.	ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 393

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 11 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: V.A.Hospital, Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Baltimore, COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1406 Mountmore Ct., 17.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) B. (Last) HAMLETT

4. DATE OF DEATH: (Month) June (Day) 19. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 26, 1989

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Lynchburg, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence Hamlett

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): ✓ Yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33 1/X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 16 Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Uremia — 16 Day

DUE TO (c) Cerebro Vascular Accident — 10 Yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8- 1952, to June 19 DST 1953, that I last saw the deceased alive on [illegible] 19[illegible], and that death occurred at 10:05 PM., from the causes and on the date stated above.

SIGNATURE E. S. Ells, M.D. (Degree or title) — ADDRESS — DATE SIGNED

E.S. ELLS, M.D., Acting Chief Professional Services, VAH, Perry Point, Md. 6-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 6-20-53 — NAME OF CEMETERY OR CREMATORY: National Cemetary — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: June 20, 1953 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: JOSEPH G. LOCKS, JR., 1304 N. Central Ave., Baltimore, Md. [signature]

VS. A15

RECEIVED
JUN 23 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

F394

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Principio Furnace — LENGTH OF STAY (In this place) 17 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Principio Furnace
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Amanda	A	Heath		June	13	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	W.	Widowed	4-19-1891	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Del	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Schellhardt	Hannah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
592X Immediate cause	(a) Coronary occlusion	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	6 yrs.
	(c) Chr. Parenchymatous nephritis	6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 16, 1952, to June 13, 1953, that I last saw the deceased alive on June 14, 1953, and that death occurred at 12:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. Johnson	M.D.	Elkton, Md.	June 15, 1953

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-16-1953	Principio Methodist	Principio Furnace Cecil Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
June 16 1953	Ida M. Daugherty acting Reg.	Joseph A Grant North East Md.

RECEIVED
JUN 18
BUREAU V. S

595

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 72

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) Water St

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) L (Last) Holmes
4. DATE OF DEATH (Month) June (Day) 2 (Year) 1953

5. SEX M.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH Aug 29 1892
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (State or foreign country) Elkton, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mayfield Holmes
14. MOTHER'S MAIDEN NAME Sarah Steward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Mamie Holmes Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute Cardiac Dilatation — INTERVAL BETWEEN ONSET AND DEATH 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5/24/53, 19....., to 6/2/, 1953, that I last saw the deceased alive on 6/2/, 1953, and that death occurred at 10 34 m., from the causes and on the date stated above.

SIGNATURE Fred J Lussenwald (Degree or title) MD ADDRESS 202 E. Main St Elkton, Md DATE SIGNED 6/5/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 5, 53
NAME OF CEMETERY OR CREMATORY Cherry Hill
LOCATION (City, town, or county) Cherry Hill, Md (State)

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR A W Pippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS 241 E. High St.	STREET ADDRESS (If rural give location) 241 E. High St.

3. NAME OF DECEASED (Type or Print) (First) Sophie (Middle) (Last) Kane			4. DATE OF DEATH (Month) June (Day) 16 (Year) 1953		
5. SEX Fe	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 18, 1898	9. AGE last birthday 54 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Harriett Green		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Harriett V. Kane-241 E. High St.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443x Immediate cause	(a) Cerebral Accident	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	4 years
	(c) Cardiac Hypertrophy	4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to June 16, 1953, that I last saw the deceased alive on June 16, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. Johnson	MD	245 E. High St, Elkton, Md	6/19/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 6/19/53	NAME OF CEMETERY OR CREMATORY Ebenezer Cemetry	LOCATION (City, town, or county) (State) Bohemia Manor Md.
DATE REC'D BY LOCAL REG. June 19	REGISTRAR'S SIGNATURE F.H. Frazer	24. FUNERAL DIRECTOR Edw R Bell	ADDRESS 909 Poplar St.,

RECEIVED
JUN 22 1953
BUREAU V. S.

115997

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ARTHUR (Middle) A (Last) MACKIE Sr
4. DATE OF DEATH (Month) 6 (Day) 20 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 11-29-1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector State Road
10b. KIND OF BUSINESS OR INDUSTRY Ret
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David Abel Mackie
14. MOTHER'S MAIDEN NAME Camelia Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-14-9569
17. INFORMANT Mrs Arthur A Mackie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Chronic Nephritis — 1 yr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) — (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 2, 1953, to June 20, 1953, that I last saw the deceased alive on June 18, 1953, and that death occurred at 11.45 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Elkton Md DATE SIGNED June 22/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-23-53
NAME OF CEMETERY OR CREMATORY Sharps
LOCATION (City, town, or county) Fair Hill Md (State)

DATE REC'D BY LOCAL REG. June 22
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5998

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELK MILLS
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ELIZABETH FARMER McCANN.
4. DATE OF DEATH: (Month) (Day) (Year) 6 - 5 - 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: 7-25-1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): SCOTLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FRANCIS FARMER
14. MOTHER'S MAIDEN NAME: ELIZABETH WALKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Margaret M. Mann Elk Mills Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
156.1 Immediate cause	(a) Pulmonary edema	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma of liver	1 year
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Cardio vascular renal.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1944, to 6/5, 1953, that I last saw the deceased alive on 6/5, 1953, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (DEGREE OR TITLE) M.D. ADDRESS Elkton Md DATE SIGNED 6/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6-9-53
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) North East Cecil Co (State) Md
DATE REC'D BY LOCAL REG. June 9
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R. Grant North East Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-3-51

RECEIVED
JUN 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96 ... 399

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural give location) Main St

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) B. (Last) McNEILLY

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 23, 1887
9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR: Months ... Days ...
IF UNDER 24 HRS: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Moulder
10b. KIND OF BUSINESS OR INDUSTRY: Stove Foundry
11 BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert B. McNeilly
14. MOTHER'S MAIDEN NAME: Margaret E. Lynch

15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-09-3800A
17. INFORMANT & ADDRESS: Mrs Jess Lyons, Colora, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
422.2
Immediate cause (a) ... Chronic Myocarditis
DUE TO Chronic Endocarditis.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO
(c)

Interval Between Onset And Death
35 yrs
35 yrs

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatitis: NEPHRITIS. 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1951, to June 9, 1953 that I last saw the deceased alive on June 9, 1953 and that death occurred at 10.00 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Clarence J Benson M.D. ADDRESS Port Deposit Md DATE SIGNED 6-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-12-1953
NAME OF CEMETERY OR CREMATORY Wesleyan Chapel
LOCATION (City, town, or county) (State) Harford Co., Md.
DATE REC'D BY LOCAL REGISTRAR June 11, 1953
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR ADDRESS Lew A. Patterson & Son. Perryville, Md.

VS/A15-

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 7yrs.7mo.10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pa. — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Philadelphia
STREET ADDRESS (If rural give location): 2824 Overington

3. NAME OF DECEASED (Type or Print): (First) LAWRENCE (Middle) NMI (Last) MULHOLLAND

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-23-1909

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Phila. Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Mulholland - Deceased

14. MOTHER'S MAIDEN NAME: Stella Nolan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

430.1

Immediate cause (a): Coronary Occlusion — Interval Between Onset And Death: 10 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox, Hebephrenic type — Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5-1945, to 6-15-1953 [illegible] alive on [illegible] 19[illegible], and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 6-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 6-16-53 — NAME OF CEMETERY OR CREMATORY: Unknown — LOCATION (City, town, or county) (State): Phila. Pa.

DATE REC'D BY LOCAL REGISTRAR: June 16, 1953 — REGISTRAR'S SIGNATURE: Ida M. Daugherty acty. Reg

24. FUNERAL DIRECTOR: Alfred P. G. Rose — ADDRESS: ALFRED P.G.ROSE, 2616 Bridge St., Phila.Pa.

VS. A15

RECEIVED
JUN 19
BUREAU V. S.

6001

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton RD
LENGTH OF STAY (In this place): 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Elkton R.D #2

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton Rural
STREET ADDRESS (If rural, give location): Elkton R.D. #2

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Ortinski
4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 9, 1877
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hours: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~[illegible]~~ William
14. MOTHER'S MAIDEN NAME: ~~[illegible]~~ Rose Belinski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Walter Ortinski, Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute coronary disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X accident , suicide , homicide , undetermined .

SIGNATURE: R. C. Dodson MD (Degree or title) DM E — ADDRESS: Rising Sun Md. — DATE SIGNED: 6-14-53

CREMATION (City): Burial — DATE THEREOF: 6/16/53 — NAME OF CEMETERY OR CREMATORY: St. Rose Cemetery — LOCATION (City, town, or county): Chesapeake City (State): Md.

DATE REC'D BY LOCAL REG.: June 15 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: H. Walter du Bose, Jr. — ADDRESS: Elkton, Md

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Tr correct and specially important. Physicians: please write the causes of death clearly and legibly.

S A15A

RECEIVED
JAN 16 1973
BUREAU V. S.

16002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursing Home 224 E Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 114 W. High St.

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Bond (Last) Pierson
4. DATE OF DEATH (Month) June (Day) 20 (Year) 1953

5. SEX F
6. COLOR OR RACE Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 10, 1881
9. AGE last birthday 72 yrs. If under 1 year Months 1 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY C. P. Parsonell
11. BIRTHPLACE (State or foreign country) Elkton, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Amos E Pierson
14. MOTHER'S MAIDEN NAME Matelda Gilmour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Bessie Warmkessel - Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of lungs	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of breast	2 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 4-11-52
19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast with metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940, to 6/20, 1952, that I last saw the deceased alive on 6/20, 1953 and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED 6/21/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/24/53
NAME OF CEMETERY OR CREMATORY ELKTON CEMETERY
LOCATION (City, town, or county) ELKTON, (State) MD

DATE REC'D BY LOCAL REG. June 24
REGISTRAR'S SIGNATURE F R Frazier
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 25 1953
BUREAU

6003

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton Rural LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.P.R.R. Tracks.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) No info.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CATALINO (Middle) POU (Last) ROSSY
4. DATE OF DEATH (Month) 6 (Day) 24 (Year) 1953

5. SEX M.
6. COLOR OR RACE dark
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH 4-30-1916
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Seaman
10b. KIND OF BUSINESS OR INDUSTRY Wiper & Mess.
11. BIRTHPLACE (State or foreign country) Puerto Rico
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME No info.
14. MOTHER'S MAIDEN NAME No info.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 086-15-3160
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull Split Crouch.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured femur & numbers.

(c) Lacerations

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) P.P.R.R. Tracks. (CITY OR TOWN) Elkton Rural. (COUNTY) Cecil (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 24 (Year) 1953 (Hour) 8:50 a.m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Jumped from train

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ☐, suicide X, homicide ___, undetermined ___.

SIGNATURE B. C. Dodson, M.D. (Degree or title) D.M.E. ADDRESS Rising Sun Md. DATE SIGNED 6-27-53

REMOVAL (Date) 6/27/53 DATE THEREOF 6/27/53 NAME OF CEMETERY OR CREMATORY Removal to N.Y. LOCATION (City, town, or county) New York City (State)

DATE FILED BY LOCAL REGISTRAR June 27 REGISTRAR'S SIGNATURE F.R. Frazer 24. FUNERAL DIRECTOR H.W. Kippen & Son ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
IN 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6004

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil Co MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sexton

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Uniontown Pa
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) D. (Last) Ryan
4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Apr 26-1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired) Transportation
10b. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: William Ryan
14. MOTHER'S MAIDEN NAME: Jennie Lovrall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: John Colbert 3rd & Chestnut New Castle Del

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

294 λ

Immediate cause (a) acute cerebral thrombosis — Interval Between Onset And Death: 2 hours.

DUE TO Chr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Polycythemia — 15 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1953, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 9 45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wallace M Johnson
ADDRESS Newark Del
DATE SIGNED 6/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) removal
DATE THEREOF June 4
NAME OF CEMETERY OR CREMATORY Sylvian Heights
LOCATION (City, town, or county) (State) Uniontown Pa

DATE REC'D BY LOCAL REGISTRAR June 1
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR R. J. Jones Newark Del
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 T

RECEIVED
JUN 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 60085

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Maryland
LENGTH OF STAY (in this place) 2 Mos 6 Da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 6301 Brookville Road

3. NAME OF DECEASED: (First) HENRY (Middle) (Last) SCHUMANN
4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 5-20-92
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months 1 Days 8 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Civ. Serv. Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Building Serv. (Ret'd)
11. BIRTHPLACE (State or foreign country): Lincoln, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Schumann — Deceased
14. MOTHER'S MAIDEN NAME: Barbara ??? — Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

19IX

Immediate cause (a) Carcinoma of the Buttock with Metastasis — Interval Between Onset And Death: 3 Months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Pilonidal Sinus — 20 Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: 3 June 1953
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the Buttock with Metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — VA — m.
INJURY OCCURED While at Work ☐ — Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr. 22, 1953, to June 28, 1953, that I last saw deceased alive on [illegible] and that death occurred at 4:55 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. 6-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 6-28-53
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND
DATE REC'D BY LOCAL REGISTRAR June 29, 1953
REGISTRAR'S SIGNATURE Irene E. Daugherty
UNDERTAKER'S SIGNATURE AND ADDRESS FREDRICK D. MILLER 3019 MONUMENT ST.
FREDRICK D. MILLER, Baltimore, Md.

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 96006

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterahs Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: ^45
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 236 -- 11th Street S.E.

3. NAME OF DECEASED: (Type or Print) (First) HORRACE (Middle) E. (Last) SESSIONS SR.
4. DATE OF DEATH: (Month) June (Day) 2 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 7-18-01
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Montevallo, Alabama
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Sessions - Deceased
14. MOTHER'S MAIDEN NAME: Emily Upshaw - Deceased
15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: 579-01-4537
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Pneumonia, terminal	1 month
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Carcinoma larynx with pulmonary metastasis	Unknown
	DUE TO (c)	Metastatic carcinoma of wing of left ilium	Unknown

152 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 1953, to 6-2, 1953, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 1:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. ADDRESS DATE SIGNED 6-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 6-4-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REGISTRAR June 5, 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty actg. Reg.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

60027

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING. USE UNFADING INK. Supply every item of information carefully. The correct an... especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colora Rural
LENGTH OF STAY (In this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colora Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Amelia	Smith	June	1	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F.	C	Widow	Feb. 4 1873	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
House work	own home	Rowlandville, Md.	U.S.A.

13. FATHER'S NAME: John Brown
14. MOTHER'S MAIDEN NAME: Mary E. Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Edna Smith, Colora, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ENTER THE CAUSE WAS PRIMARY (1) OR CONTRIBUTING (2) CAUSE OF DEATH.
PLACE OF INJURY: Home, farm, factory, street, office bldg., etc. | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. L. Dodson M.D.	D.M.E.	Rising Sun, Md.	6-3-53

DISPOSITION (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-5-53	Mt. Zoar	near Conowingo. Md.

23. DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-5-53	[illegible]	J. E. Tyson	Rising Sun, Md.

RECEIVED
JUN 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06008

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point

LENGTH OF STAY (in this place): 25 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: X 48

STATE: D. C. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural, give location): 10 Bryant St., N.E.

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
ARTHUR	NMI	TAYLOR	June	7	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	9-8-1890	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Oiler	R.R. Company	North Carolina	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Henry Taylor - Deceased	Sara Burton - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
✓ Yes	WW I	719-03-9949	Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443 X

Immediate cause (a) Cerebral Vascular Accident — Interval between onset and death: Immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Congestive heart failure on basis of Hypertension — Interval between onset and death: Approx. 2 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
		VA	M.		

22. I hereby certify that I attended the deceased from 5-12, 1953, to 6-7, 1953, [illegible] and that death occurred at 9:17 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. — 6-8-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6-8-53	Arlington National	Arlington, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 8 1953	Ida M. Daugherty Actg. Reg.	J. T. Stewart	304 St. N.E. Wash. DC

STEWART'S FUN. HOME, 30 H St., N.E. Wash. D.C.

VS. A15 8-51

RECEIVED
JUN 10 1953
BUREAU V. S.

Item 18 Film G155 7-6-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6009

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 -1

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Maryland
LENGTH OF STAY (in this place) 5 Mos 11 Da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 19X
STREET ADDRESS (If rural give location) RFD Crisfield

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) H. (Last) THORNTON

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-1-73

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James E. Thornton

14. MOTHER'S MAIDEN NAME: Marie Sterling

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) SAW

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

592X
Immediate cause (a) Pneumonia — 2 weeks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Coma — 3 weeks
DUE TO
(177X)
(c) Uremia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate & Senile Psychosis

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 1953, to Jun 28, 1953, and that death occurred at 10:50 P.M., from the causes and on the date stated above.

SIGNATURE W. OPPIER, M.D. (Degree or title) — ADDRESS Acting Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED 6-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 6-29-53 — NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR June 29 1953 — REGISTRAR'S SIGNATURE Ida M. Dougherty actg. Reg.

24. FUNERAL DIRECTOR Howard L. Covington — ADDRESS COVINGTON FUNERAL HOME, Crisfield, Maryland

RECEIVED
JUL 1
BUREAU V. S.